



COUNTY BOROUGH OF SOUTH SHIELDS
EDUCATION COMMITTEE

**THE HEALTH OF
SCHOOL CHILDREN**

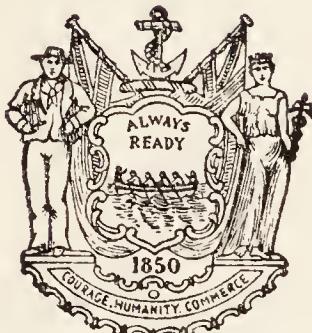
1964

**SCHOOL HEALTH
SERVICE**

For Circulation to:—

NAME	DATE SENT	DATE RETURNED	INITIALS

COUNTY BOROUGH OF SOUTH SHIELDS



ANNUAL REPORT

of the

Principal School Medical
Officer

for the year 1964

I. D. LEITCH, M.B., Ch.B., D.P.H.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30116168>

TABLE OF CONTENTS

	Page
INTRODUCTION	5
EDUCATION COMMITTEE	7
SCHOOL HEALTH SERVICE STAFF	8
 ADMINISTRATION:	
School Clinic	11
School Population	11
 MEDICAL INSPECTION:	
Periodic Medical Inspections: Other Inspections.....	12
Miscellaneous Examinations	12
Findings at Inspections	13
 MEDICAL TREATMENT AND SPECIAL CLINICS:	
Minor Ailments.....	14
Otological Services	15
Speech Therapy	17
Ophthalmic Services	18
Orthopaedic Services	19
Paediatric Services	20
Skin Clinic	20
 SCHOOL DENTAL SERVICE:	
Introduction: Staff, Clinics	21
Dental Inspection and Treatment	24
 INFECTIOUS AND CONTAGIOUS DISEASES:	
Notifiable Diseases: Measles; Diphtheria; Mumps; Typhoid; Tuberculosis	24
Exclusion from School	26
 VACCINATION AND IMMUNISATION	
REPORT OF SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE	31
NURSERY CLASSES	32
HANDICAPPED CHILDREN	33
SPECIAL TUITION	34
YOUTH EMPLOYMENT SERVICE	37
SCHOOL PSYCHOLOGICAL SERVICE	39
CHILD GUIDANCE CLINIC	40

DEATHS OF SCHOOL CHILDREN:

Road Accidents 42

HEALTH EDUCATION 43

APPENDIX:

I. Report of the Organisers of Physical Education..... 44

II. School Meals Service 46

III. Ministry of Education returns, year 1964 47

To the Chairman and Members of the Education Committee.

I have the honour to submit the Annual Report on the School Health Service for 1964.

Of the 5,361 school children examined throughout the year school doctors assessed 32 (0·6%) to be of unsatisfactory physical condition. This is an improvement over the previous year's figure of 1·97%. Parents attended their children's medical inspections in schools to the extent of 75%, which compares with last year's proportion of 74%. The policy of routine medical inspections remained unchanged and although the matter is under consideration, no steps were taken to introduce a selective system of examination of school children.

In the dental service, despite a gap of several months before a vacancy for a full-time dental officer could be filled, there was a 50% increase in the number of children dentally inspected as compared with the previous year. A new type of worker in the dental team, a Dental Auxiliary, took up her duties in September, 1964. The Auxiliary's duties include the carrying out of certain types of dental treatment under supervision and, in addition, health education. As a result of the latter, it has been possible to plan a more regular programme of dental health education in the schools. From all aspects, the appointment of this worker has been a successful innovation.

The B.C.G. Vaccination Programme was extended in 1964 to the eleven year old age group and, consequently, an additional 400 (approximately) children were offered this protection. It is pleasing to record that the acceptance rate increased to 85·3% in 1964 from 80·2% in 1963 and it is hoped that this trend will continue. The routine tuberculin testing of school entrants was again arranged and 1,451 children were tested by the Heaf method; 61 children were found to have strongly positive reactions and these were referred to the Chest Clinic for further investigation. The importance of B.C.G. Vaccination and Tuberculin Testing as preventive measures cannot be over-stressed in an area where the tuberculosis rate, although diminishing, tends to be above the National average.

Reference to the work of the Child Guidance Clinic and the School Psychological Service (as detailed on page 39) is prompted by the recognition of the growing significance of the emotional and mental health and learning difficulties of school children. In the Child Gui-

dance Clinic, 100 children were seen and there were 68 new referrals. The corresponding figures for 1963 were 86 and 55 respectively. Mr. I. McKenzie, Educational Psychologist, dealt with a total of 168 children, as against 133 in 1963 whilst in the remedial teaching centres, 238 pupils were given supplementary teaching as compared with 180 the previous year. The contribution of these facilities to the health and well-being of school children is of the utmost value and the very harmonious working between the school medical staff and these services ensures that all aspects of a child's health are taken into account.

In conclusion, I would refer to the support and assistance given to me by the Committee; the excellent co-operation of the Director of Education and his staff and of the teaching staffs in all the schools; the support of medical colleagues in hospitals and general practice; the valued assistance of organisations in the town, voluntary and otherwise, too numerous to mention individually; the excellent service given by my own staff. To all of them I extend my sincere thanks, including my Deputy, Dr. D. F. Henley and my Chief Administrative Assistant, Mr. J. A. Brewis, for their considerable help in collating all the data for this report.

I. D. LEITCH,

Principal School Medical Officer.

Health and Welfare Department,
Stanhope Parade,
South Shields.

EDUCATION COMMITTEE 1964

THE MAYOR
ALDERMAN J. E. WRIGHT

CHAIRMAN:
COUNCILLOR J. W. IRELAND, J.P.

VICE-CHAIRMAN:
ALDERMAN MRS. M. E. SUTTON, J.P.

Alderman R. Dodds.	Councillor Mrs. J. C. Knights.
Alderman W. Harrison.	Councillor A. R. Madsen.
Alderman Mrs. R. A. Hart.	Councillor A. M. McDonald.
Councillor R. Bainbridge, M.B.E., J.P.	Councillor A. E. Palmer.
Councillor W. B. Catley.	Councillor A. Stobbs.
Councillor Mrs. J. L. Fry.	Councillor J. Thornton.
	Councillor F. Wilson.

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer:

I. D. LEITCH, M.B., CH.B., D.P.H.

Deputy Principal School Medical Officer:

A. R. BUCHAN, M.B., B.S., D.P.H.
(*resigned 31.12.1964*)

Senior Medical Officer:

H. LEVY, M.B., B.S.

School Medical Officers:

(*and Assistant M.O'sH.*)

JEAN WALMSLEY, M.B., CH.B., D.P.H.

LORNA M. ROZNER, M.B., B.S., D.P.H.

ANN CARTER, M.B., CH.B.

MARGARET T. SHERRATT, M.B., CH.B., D.OBST. R.C.O.G., D.P.H.

Principal School Dental Officer:

A. B. GIBSON, B.D.S.

(*resigned 31.12.64*)

School Dental Officers:

B. SCRAFTON, B.D.S.

E. LOWREY, B.D.S.

J. P. BLUNT, L.D.S. (*sessional*)

J. WALSH, B.D.S. (*sessional*)

3 Dental Attendants.

Anaesthetist (*part time*)

E. O'NEIL, L.R.C.P.I., L.M., L.R.C.S.I.

Superintendent Health Visitor and School Nurse:

MISS E. MYCOCK, S.R.N., S.C.M., S.R.F.N., H.V.(Cert).

15 Health Visitors.

7 School Nurses.

1 Auxiliary Nurse.

2 Clinic Assistants.

Speech Therapist:

MRS. M. AINSLEY, L.C.S.T.

Child Guidance and School Psychological Service:

Consultant Psychiatrist:

R. N. STANSFIELD, M.R.C.S., L.R.C.P.

Educational Psychologist:

I. R. MCKENZIE, B.Sc.(Psych.).

Remedial Teachers: 15.

Consultant Advisers:

Paediatrics:

R. D. G. CREERY, M.D., M.R.C.P., D.C.H.

Orthopaedics:

T. A. BERRY, F.R.C.S.

Ophthalmology:

A. SMITH, M.B., Ch.B., M.R.C.S., L.R.C.F., D.O.M.S.

Ear, Nose and Throat:

R. E. JOWETT, M.D., M.R.C.P., D.L.C.

Orthodontics:

D. A. DIXON, F.D.S., D.D.O.

Oral Surgery:

R. KERR GILBERT.

Administration:

Chief Clerk:

J. HILTON, M.R.S.H. (*retired 20.10.64*)

J. A. BREWIS, D.M.A. (*commenced 7.9.64*).

4 Clerks.

The following appointments were Vacant at the End of the Year:—

Additional Speech Therapist.

Social Worker for Child Guidance Clinic.

ADMINISTRATION

The organisation of the School Health Service has continued unchanged since my previous report. The medical, dental and health visiting staff undertake duties in both School Health and the Maternity and Child Welfare Services. This arrangement ensures the closest clinical co-operation and continued care from the pre-school years. A separate staff of school nurses carries out clinical duties only so that health visitors are employed for health education and social work enquiries.

Although the Town Council has instituted a five day working week, the School Health Service continues to hold at the Stanhope Parade Clinic Saturday morning minor ailment, immunisation and dental clinics, but the numbers of those attending continue to decrease.

SCHOOL POPULATION

NUMBERS AND ATTENDANCE OF PUPILS AT SCHOOLS MAINTAINED BY THE AUTHORITY IN 1964.

Type of School.	Number of Schools	Number of Children on Register at end of 1964	Average Attendance for the year (%)
PRIMARY—			
Infants	18	3,213	92.5
Juniors	17	5,920	94.5
Juniors and Infants.....	6	1,532	93
SECONDARY—			
Modern.....	12	5,287	94
Grammar Technical	2	1,910	95.5
SPECIAL—			
Educationally Sub-Normal	2	224	87.5
Physically Handicapped ...			
OTHER—			
Nursery Classes at Harton Infants School	1	60	86

SCHOOL CLINICS

Minor Ailments Clinic.	Municipal Clinic	9.30 a.m.—11.30 a.m. daily.
	Boldon Lane Clinic	9.00 a.m.—10.00 a.m. Monday—Friday.
Dental Clinics.	Municipal Clinic	9.30 a.m.—11.30 a.m., 2.00 p.m.—4.00 p.m. daily, Monday—Friday.
	Boldon Lane Clinic	9.30 a.m.—11.30 a.m., 2.00 p.m.—4.00 p.m. daily, Monday—Friday.
Speech Therapy Clinics	Municipal Clinic	Wednesday—Thursday, 9.00 a.m.—12 noon, 1.30 p.m.—4.30 p.m.
	Boldon Lane Clinic	Tuesday, 9.00 a.m.—12 noon. 1.30 p.m.—4.30 p.m.
Child Guidance Clinics	Boldon Lane Clinic	Monday, by appointment only. Friday morning and afternoon, by appointment only.
Hearing Assessment Clinic.	Municipal Clinic	By appointment only.
Skin Clinic.	Municipal Clinic	Monday and Friday mornings.
Refraction Clinic	Municipal Clinic	Tuesday afternoon, by appointment only....
Immunisation Clinic.	As and where required.	

MEDICAL INSPECTION

The service continued to be organised on an area basis, each Medical Officer having duties in the schools and maternity and child welfare clinics in a given area of the town. In this way, the doctor, school nurse, health visitor and head teacher can work together more closely and build up a store of detailed information about children of all ages and their families.

Routine medical inspection of children in the usual three age groups continued during 1964 but doctors and nurses made increasing numbers of informal school visits to follow up cases and to discuss problems of individual children with the school staff. The special arrangement whereby Dr. Levy and a school nurse made weekly visits to the Boys Grammar Technical School continued during 1964.

Periodic Medical Inspections.

	Number of Children Inspected	Number of Parents Present	%
Entrants	1,944	1,826	93.9
Other Periodic Inspections	1,843	1,614	87.6
Leavers.....	1,606	648	40.3
<hr/>	<hr/>	<hr/>	<hr/>
Total.....	5,393	4,088	75.8
<hr/>	<hr/>	<hr/>	<hr/>

Other Inspections.

Number of Special Inspections	1,727
Number of Re-inspections	2,100
<hr/>	<hr/>
Total.....	3,827
<hr/>	<hr/>

Miscellaneous Examinations.

The following examinations were carried out for special purposes:

Prior to going on holidays abroad	92
W.V.S. Holiday Scheme	16
Prior to return to residential school	112
Teacher and Teaching Candidates.....	105
Referred by Juvenile Court	10
Admissions to Gabbitas Nursery.....	6
Prior to Cruise on m/v Devonia	15
Girls' Venture Course	2
Prior to Boxing Tournament	3
Prior to going on holidays in England	29
<hr/>	<hr/>
	390
<hr/>	<hr/>

Out of School Employment

The 287 children examined were all given the necessary certificate in accordance with the local Byelaws.

General Condition of Children Inspected.

The school doctors clinically assessed 32 of the 5,361 children examined (0.6%) to be of unsatisfactory physical condition.

This shows a decrease from last year, when the number was 73 (1.97%). The national average for children examined in 1962 and 1963 was 0.54%.

AVERAGE HEIGHT AND WEIGHT OF SCHOOL CHILDREN 1964

Age in Years	No. of Children		Height (in inches)		Weight (in lbs.)	
	Boys	Girls	Boys	Girls	Boys	Girls
Entrants— 5—6.....	905	904	43.18	42.97	43.20	42.00
Others— 10—11.....	804	775	54.70	54.71	75.04	75.67
Leavers— 14—15.....	567	639	63.34	61.85	113.75	112.31

Defects found at Periodic Medical Inspection.

Table A, page 52, gives details of the defects (excluding dental disease and infestation with vermin) found at medical inspection during the year for each group examined. By far the commonest defects found were those related to the eyes (241 per 1,000 children examined), followed by abnormalities of the ear, nose and throat (143 per 1,000 children examined) and orthopaedic defects (130 per 1,000 children examined).

Pupils found to require treatment at Periodic Medical Inspection.

Table A(2) on page 50 shows that 17.5 per cent of the children examined were considered to require treatment. Of this group about half required treatment for defective vision. The number of entrants (73) found with visual defects emphasises the need for early ascertainment.

Cleanliness of School Children.

Nurses continued to visit schools to examine pupils for infestation with vermin. In 1964 the number of individual children found to be infested was 912, a considerable increase over the 1963 figure of 482. Details are given in Table C on page 50.

MEDICAL TREATMENT AND SPECIAL CLINICS.

Minor Ailment Clinic.

Daily minor ailment sessions were held at the Municipal Clinic throughout the year, with a school doctor in attendance on three occasions each week. One of the sessions was held on a Saturday morning, so that pupils could attend out of school hours, but recently attendance has been low.

Additional sessions for minor ailments were held at Boldon Lane Health Centre.

In general, treatments were confined to simple medicaments and pupils requiring further attention were referred to their family doctors or the hospital services.

Some 1,315 pupils attended for treatment, of whom 124 were referred to general practitioners or to the appropriate consultant. In addition, there were 2,100 return visits made. Of the 7,945 total attendances, 3,849 were of such minor degrees as to be treated throughout by a school nurse.

Otological Services.

The comprehensive scheme commenced in 1962 to provide for the ascertainment and assessment of children with impaired hearing continued during the year. All children have their hearing tested routinely by an audiometer shortly after entry to school and thereafter as necessary. Children found to have defective hearing are referred to the Hearing Assessment Clinic for accurate assessment and, if necessary, to the Audiology Clinic for consultant opinion, medical treatment, special educational provision and parent guidance. Eventually it is hoped, in the not too distant future, to provide a special class in an ordinary school for those pupils who are partially hearing.

Mr. R. E. Jowett, Consultant Otologist, continued to hold a monthly Audiology Clinic. Because of the large number of children with defective hearing being found through the assessment service, there is, unfortunately, a considerable waiting list for the Clinic.

During 1964, a total of 307 children received operative treatment for surgical condition of the ears, nose and throat and a further 36 children received other forms of treatment through the School Health Service.

Audiometry and Routine Hearing Tests.

1. *Pre-School Arrangements.*

All the health visitors are now suitably trained in the techniques of ascertaining deafness in very young children and as many infants as possible are tested during the first year of life, particular attention being paid to children known to be at risk.

2. *Routine Sweep Testing.*

All new entrants to infants' schools are given a routine pure tone audiometric sweep test by a nurse specially trained in audiometric techniques. In 1964, which was the first full year of operation of this scheme, 1,923 children were tested in this way, of whom 209 were considered in need of further investigation and were referred to the Hearing Assessment Clinic for more detailed testing.

This service has been extremely well received in the schools and it is a pleasure to record how helpful head teachers have been both in

the organisation of the service and in the supervision of children wearing hearing aids.

Home visits were made to give parents guidance on the care and supervision of children with defective hearing and to assist in the supervision and adjustment of hearing aids. There are now 14 children in schools in the town who are known to have been provided with hearing aids.

Hearing Assessment Clinic.

The statistics for 1964, the second full working year of this Clinic, are as follows:—

	1963	1964
Total Number of Attendances	249	491
Boys	127	174
Girls	87	184
Adults—		
Males	8	17
Females	10	12
Referred by:—		
School Medical Officer	118	169
Maternity and Child Welfare Clinics	2	12
Health Visitors	2	12
E.N.T. Consultant	26	30
School Nurses	2	6
Speech Therapist	4	4
General Practitioners	2	10
Audiometrist—Routing Sweep		
Testing	76	143
Re-assessments	17	104
No. found to have defective hearing	155	335
Referred to Audiology Clinic for Consultant opinion	50	69

Audiology Clinic.

Mr. R. E. Jowett reports as follows:—

During the year, 66 new cases have been seen and of these, 37 were referred for surgical treatment. The initial stage is now past and cases previously known to be at risk have been reviewed. We are now reaping the benefit of the regular testing of cases in the schools and finding a substantial proportion of children suffering from some degree of deafness.

The 37 children previously mentioned were referred for surgical treatment as follows:—

(1) Adenoidectomy with or without other surgery...	14
(2) Myringotomy with or without other surgery.....	12
(3) Antrum Puncture and other procedures	6
(4) Removal of Cerumen and Suction Clearance.....	5
	37

The cases where myringotomy was performed showed exudative otitis and without the complicated electronic testing which takes place, it would be impossible to diagnose this class of case.

Under present arrangements, I am afraid that there is a waiting list developing. This is composed of children who have been found to be deaf by sweep testing at the end of their first year at school. It is probable that the sessional time would have to be increased at a later date.

Eleven children have been supplied with hearing aids, five of them suffering from congenital nerve deafness. It is hoped that the special education arrangements which are contemplated can be carried out at an early date.

SPEECH THERAPY

Mrs. M. Ainley, L.C.S.T., reports as follows:—

No. of children referred with Speech Defects	171
No. of Schools Visited	30
No. of Children seen in schools.....	208
No. of children received treatment	84
No. of pre-school children interviewed.....	6

Categories of Speech Defects.

Dyslalia	119
Sigmatism	36
Stammer	25
Others	28
Total.....	208

Despite repeated advertisements for a second speech therapist, the vacancy has not been filled. Clerical assistance has been made available so that as much professional time as possible is devoted to therapy.

For most of 1964, the sessions at the Municipal Clinic, the Boldon Lane Clinic, Cleadon Park Clinic and the Special Schools remained as in previous years. In September, however, a new survey of speech defects in all infant and junior schools was undertaken. By the end of the year, two-thirds of the schools had been visited and the classification of the 208 children found with defects is given above. Because of the survey, time spent in treatment was reduced and the visits to Special Schools had to be altered. At the end of the year, the waiting list of children requiring treatment totalled 289, of which 187 were new referrals during 1964. The remaining 102 were children who had been referred in previous years.

OPHTHALMIC SERVICES

The arrangements for vision testing and the standards adopted for referral for glasses, were as described in last year's report.

Consultant Service.

During the year, 38 children were dealt with in hospital for eye complaints or visual defects, 34 at the Ingham Infirmary under the direction of Mr. Smith, the Senior Ophthalmologist, and 4 cases at the Sunderland Eye Infirmary. Of the 18 children with squint, three were recommended for operation and the others were given orthoptic treatment and provided with glasses. Three clinical eye cases received attention, six children were operated on for squint and one received an operation for a congenital eye defect. There were ten children with refractive errors and these were provided with glasses where necessary.

Refraction Clinic.

Of the 5,393 children seen at periodic medical inspections, 474 required treatment for visual defects. At the Municipal Clinic, 130 were examined and 99 had spectacles prescribed. Opticians saw 408 children and prescribed glasses for 355 of them. This included

children referred in previous years who attended for a re-test. The incidence of visual defects and their treatment for the past three years is given below:—

	1962	1963	1964
Children seen at periodic medical inspections.....	6,224	5,513	5,393
Found to require treatment for visual defects	589	437	474
Of the above:			
Examined at the Municipal Clinic.....	180	105	130
Seen by Opticians.....	362	311	408
Other cases seen by Opticians	808	902	1,014

The following summary shows the proportion of refractive errors ascertained at the Municipal Clinic:—

	%
Hypermetropia	17
Simple Hypermetropic Astigmatism	15
Compound Hypermetropic Astigmatism	32
Myopia	19
Simple Myopic Astigmatism	5
Compound Myopic Astigmatism.....	7
Mixed Astigmatism	5

Sanction for the repair of spectacles was made by the School Medical Officer in 436 cases on Form O.S.C. 10. The Education Authority accepted liability in 135 of these cases at a cost of £116. 14s. 1d.

ORTHOPAEDIC SERVICE

Children with orthopaedic and postural defects are referred to the local hospital where facilities are available for consultations, surgical procedures and physiotherapy.

The arrangement has worked satisfactorily for a number of years and we are indebted to Mr. Berry, Consultant Orthopaedic Surgeon, for his continued co-operation.

During the year, 20 children were referred to the Orthopaedic departments—16 for foot deformities and 4 for other defects. All of these children were treated, 3 by operation, and there were no cases waiting at the end of the year for consultation.

PAEDIATRIC SERVICES

The close liaison existing between the School Health Service and the Paediatric Department of the local hospitals was maintained throughout the year, and we are indebted to the Consultant Paediatrician, Dr. R. D. G. Creery for his continued interest and co-operation.

Several children were referred to the School Clinics by the Paediatrician for psychometric testing and speech therapy.

Hospital Treatment.

During 1964, the department was notified of the discharge from hospital of 573 children, 308 of these being under five years of age. Of the total, 459 were admitted for treatment for ear, nose and throat defects—116 under five years; 90 were treated for fractures and other results of accidents—66 under five years old; 84 were treated for respiratory infections (67 under five).

Arrangements for Special Tuition in Hospital or at Home.

In accordance with the provisions of Section 56 of the Education Act, 1944, arrangements were continued during 1964 for the tuition of children who were long term patients in hospital and also of children who were unable to attend school for long periods owing to illness.

A Qualified Teacher was employed to undertake tuition of children at South Shields General Hospital. The number of children receiving such tuition during the year was 10.

A total of seven children each received tuition at home during 1964. These children were unable to attend school for long periods owing to physical incapacity and home tuition had been recommended by the Principal School Medical Officer. Eleven qualified teachers were employed part-time on this work during the year.

SKIN CLINIC

Dr. Levy reports as follows:—

Arrangements for treating children with skin complaints were as described in previous reports.

The following cases were treated during 1964. Figures for 1963 are shown for comparison:—

	1964	1963
Ringworm—		
Skin	3	5
Scalp.....	—	1
Scabies	91	89
Impetigo	58	79
Warts	198	190
Verrucae	149	160
Other	334	299

It will be seen that ringworm shows a further decline. Records show that this is the first time in any year that there has been no case of ringworm affecting the scalp.

Scabies cases were again fairly numerous and required careful supervision and prompt action. However, it was possible to deal with them efficiently by utilizing the facilities and the staff at both the Municipal and Boldon Lane Clinics.

Impetigo was fortunately less frequent than previously. Generally, such cases were referred in the early stage and, by means of anti-biotic preparations, were cleared up in three or four days.

Verrucae, or plantar warts, showed a decline. It is possible that regular foot inspections by school nurses at one of the Girls' Senior Schools, where a large number of these cases occur, were responsible for this reduction.

Children with acne, alopecia and psoriasis were also treated with ultra violet light and have benefited as a result.

SCHOOL DENTAL SERVICE

The Principal School Dental Officer, Mr. A. B. Gibson, reports as follows:—

Staffing.

During the year, one dental officer, Mr. E. Lowery, resigned to enter into private practice.

The staff at the end of the year consisted of the Principal Dental Officer, one full-time officer, two part-time officers (eight sessions per week) and a Dental Auxilliary. Three full-time Dental Surgery Assistants are employed.

Consultant Services

As in previous years, we are indebted to the Consultant Orthodontist and Oral Surgeon for their co-operation in giving treatment and advice to the children referred to them.

Courses.

The Principal Dental Officer attended a refresher course for Principal Dental Officers organised by the British Dental Association.

Mr. Srafton attended a series of half-day orthodontic sessions at the Sunderland General Hospital.

Work of the Dental Auxiliary.

Dental Auxiliaries are trained at the New Cross Hospital, London, and are able to do certain types of treatment (simple fillings, deciduous extractions and all the work of a Dental Hygienist) under the direct supervision of a Dental Officer. They are also instructed in giving Health Education Talks and the preparation of Health Education material (posters, etc.).

Miss Millac, who took up her duties in South Shields in September, 1964 has been well received by staff, patients and parents and has made a valuable contribution to the work of the department. She has given talks in several schools and excellent reports on the value of these have been received from the head teachers concerned. This can be a very valuable aspect of her work and can be arranged to coincide with school inspections.

It is planned also to use the Auxiliary in the Maternity and Child Welfare Services in conjunction with the Health Visitors and Nursing Staff.

Report from the Department of Education and Science.

Following a visit of a Dental Officer of the Department, a report was received in due course on the work of the School Dental Service in South Shields. This was discussed by a special Committee con-

sisting of members of Health and Education Committees. Certain recommendations were made regarding staffing and replacement of equipment.

General Remarks.

Despite repeated advertisements, it was not possible to replace Mr. Lowery until the end of the year, when Mr. W. Thompson was appointed as a School Dental Officer to commence duties in January, 1965. This will bring the staffing position to the same level as at the beginning of the year.

The chief problem facing the service is the indifference of many parents to offers of treatment following school inspection, until such time as their children develop toothache. There is no quick way to overcome this attitude. Any talks given, as for example at parent teacher associations, are heard only by those parents who already ensure that their children are regularly treated. Perhaps the regular talks in schools which it will now be possible to arrange may encourage the children themselves to take a greater interest in dental health.

This, being my final report before leaving the authority, it is interesting to see what changes have taken place during the last five years. There is first a very great improvement in staffing, from one full-time and two part-time Officers to the present position. With the opening of the Boldon Lane Clinic and proposed other new clinics, it is easier for children to attend. This is proved by the excellent way in which the Boldon Lane Clinic functions.

In the attitude of parents and children to treatment, there is a definite improvement, in that the number having regular systematic treatment and inspections continues to grow, although as stated earlier, all too slowly. Nevertheless, it is very encouraging.

I feel, despite the many problems facing the service, that the future can be faced with confidence.

Dental Inspection and Treatment.

	1962	1963	1964
Pupils inspected	12,442	9,734	14,545
Found to require treatment	7,569	6,130	8,512
Actually treated	3,102	2,843	3,481
Attendances for treatment	7,121	7,865	8,238
Half-days devoted to:—			
(a) Inspection	98	91	141
(b) Treatment	1,225	1,280	1,366
Fillings—Permanent Teeth	3,904	3,849	4,479
Temporary Teeth	279	350	432
Extractions—Permanent Teeth	3,855	899	728
Temporary Teeth	178	3,295	2,726
General Anaesthetics for extraction	1,531	1,542	1,540
Other Operations	1,500	1,920	1,666

See also Appendix III, Part IV, Page 56.

INFECTIOUS AND CONTAGIOUS DISEASES

Cases of infectious disease notified to the Health Department as occurring among school children are given in the following table:

NOTIFIABLE DISEASE IN SCHOOL CHILDREN, 1964

Disease	Number of Cases Reported		
	Primary School	Secondary School	Total
Scarlet Fever	149	2	151
Whooping Cough	10	1	11
Measles	276	7	283
Dysentery	64	12	76
Food Poisoning	3	4	7
Pneumonia	5	—	5
Tuberculosis:—			
Pulmonary	13	2	15
Non-Pulmonary	—	1	1

Measles.

There were fewer cases of measles during 1964, in keeping with the usual biennial trend of measles epidemics. Those cases which did occur were mainly during the period June to August.

Scarlet Fever.

There was a rise in the number of notified cases of scarlet fever; all were visited by members of the Department staff and no serious complications resulted from any of the cases.

Tuberculosis.

During 1964, sixteen school children were notified as having tuberculosis (15 respiratory and 1 non-respiratory). This shows a reduction from last year's figure of 21 cases. There were again no deaths from tuberculosis.

Age Group	1963		1964	
	Respiratory		Respiratory	
	Boys	Girls	Boys	Girls
5—9 years	4	15	5	6
10—14 years	—	2	3	1
Total	21		15	
Non-Respiratory				
5—9 years	—	—	—	1
10—14 years	—	—	—	—
Total	—		1	

	Respiratory		Non-Respiratory	
	Notification	Deaths	Notification	Deaths
1921-25	62	17	62	14
1926-30	49	13	71	14
1931-35	35	11	65	16
1936-40	21	3	40	6
1941-45	25	2	30	5
1946-50	27	1	15	3
1951-55	27	—	7	—
1956-60	12	—	2	—
1961	6	—	—	—
1962	11	—	3	—
1963	21	—	—	—
1964	15	—	1	—

Tuberculin Heaf Testing Programmes.

Routine tuberculin testing of school entrants was continued during 1964. Heaf testing was offered to 1,792 children, of whom 1,451 were tested; 1,236 were negative and 193 were positive.

Sixty-one children with strongly positive reactions were referred to the Chest Clinic for chest x-ray and further investigation. Details of tuberculin testing and B.C.G. vaccination of older children is given on page 30.

Exclusion from School.

The following rules for the exclusion of school children who are cases or contacts of infectious disease have been in force since 1959. They are based on Department of Education and Science and Ministry of Health recommendations.

COUNTY BOROUGH OF SOUTH SHIELDS

EXCLUSION FROM SCHOOL OF CERTAIN INFECTIOUS DISEASES.

	Usual Incubation Period days	Period of Exclusion from School.	
		Patients	Contacts
Whooping Cough	7-10	28 days from beginning of the characteristic cough.	Infants (<i>i.e.</i> those attending infant school department) who have not had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
Measles	10-15	10 days after the appearance of the rash if the child appears well.	Infants who have not had the disease should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded.
German Measles	14-21	7 days from the appearance of the rash.	None.
Mumps	12-28	14 days from the onset of the disease or 7 days from subsidence of all swelling.	None.
Chickenpox	11-21	14 days from the date of the appearance of the rash.	None.
Scarlet Fever and Strepto-coccal (sore throat)	2-5	7 days after discharge from hospital or from home isolation, provided all symptoms and signs have disappeared.	Children—no exclusion. Persons engaged in handling of food—until certified by Medical Officer of Health as free to return to duties.
Diphtheria	2-5	Until pronounced free from infection.	7 days after removal of patient to hospital or beginning of home isolation. Scholars, after bacteriological examination proved to be negative.
Acute Polio-myelitis	7-14	A minimum period of 6 weeks—usually longer.	A minimum period of 3 weeks.
Meningo-coccal Meningitis	2-10	A minimum period of 6 weeks—usually longer.	A minimum period of 3 weeks.
Dysentery	1-7	Until declared free from infection by Medical Officer of Health	Children—no exclusion if bacteriological investigation is negative. Persons engaged in handling of food until certified by Medical Officer of Health as free to return to duties.
Infective Hepatitis	10-40	Until declared free from infection by own medical practitioner.	None.

VACCINATION AND IMMUNISATION

The schedule of Vaccination and Immunisation (page 29) was introduced with notes for the guidance of Health Department Staff and local general practitioners in August and replaces the programme drawn up in January, 1961, which had been amended in the light of recent circulars from the Ministry of Health and the availability of new vaccines.

The final choice of programme, however, is the prerogative of each doctor and it may be desirable to modify the schedule to meet special circumstances.

Vaccination against Smallpox.

During the year, 32 children of school age received primary vaccination and 29 pupils were re-vaccinated.

Vaccination against Poliomyelitis.

Routine vaccination against Poliomyelitis continued throughout the year. Sabin (oral) vaccine was introduced into the programme in March, 1961, for primary immunisation and also for reinforcing doses.

POLIOMYELITIS VACCINATION
OF
CHILDREN BORN BETWEEN 1948 AND 1958 (INCLUSIVE).
DURING 1964.

<i>Sabin Vaccine</i>		<i>Salk Vaccine</i>
562	Primary Vacc.	2
1353	Fourth Vacc.	—

PRIMARY IMMUNISATION PROGRAMME—SCHEDULE P. (MODIFIED).

Vaccine	Visit	Age	Interval
Smallpox Vaccination	1	In first two years preferably during second year.	At least 3 weeks before other vaccines. At least 2 weeks after other vaccines.
Triple Antigen (Diphtheria, Pertusis and tetanus)	2 3 4	First injection to commence between 3 months and 6 months.	4-6 weeks between each injection.
Poliomyelitis (oral) Vaccine	5 6 7	Between 7 and 11 months or to commence at least 4 weeks after Triple Vaccine.	4-8 weeks between each dose.
Triple Antigen	8	Between 18 and 21 months.	
Diphtheria and Tetanus Vaccine (Adsorbed)	9	Between 4-5 years.	
Diphtheria and Tetanus Vaccine (Adsorbed)	10	Between 8-10 years.	
B.C.G.	11	Between 10-13 years.	At least 4 weeks after other vaccines and no other vaccines for 3 months.

Diphtheria Immunisation.

Every effort has been made at the pre-school and school entry medical examinations to check the immunisation state of each child and to ensure that appropriate primary or booster injections are given. In most cases a combined diphtheria-tetanus antigen is given.

The number of school children immunised against diphtheria, either singly or in combination with other antigens, was as follows:

Primary Course—85.

Reinforcing Doses—1,242.

It is estimated that 70.5% of children age 5-9 years have completed a course of immunisation against diphtheria in the last five years.

Tetanus Immunisation.

In 1964, tetanus immunisation was offered to children aged 10-11 years as this had not been available to them in infancy. A number of parents refused this because their child had had one anti-tetanus injection at hospital at the time of an accident. It is not generally realised that this often gives only temporary protection and it is hoped that increasing numbers of children will be actively immunised with tetanus toxoid, so reducing the need for tetanus anti-toxin at the time of an accident.

Primary and reinforcing immunisation continues to be offered to school entrants.

The number of school children immunised against tetanus, either singly or in combination with other vaccinations, was as follows:—

Primary Course—1,333.

Reinforcing Doses—1,206.

TUBERCULIN TESTING AND B.C.G. VACCINATION, 1964.

	1963	1964
No. of children 11 years and over offered tuberculin testing and vaccination	2,873	3,299
No. of Consents received	2,303	2,814
Percentage of Consents	80.2	85.3
No. who had previously had B.C.G.	41	171
No. Tuberculin Tested	2,247	2,464
No. found Positive	333	332
Percentage of children Positive (excluding children already vaccinated with B.C.G.)	14.8	13.4
No. found Negative	1,911	2,132
No. Vaccinated with B.C.G.	1,911	2,132
No. of Children X-rayed by Mass X-ray	330	330
No. found to be Tuberculous.....	—	1
Other Defects found	4	—

It is interesting to note that more parents consented to their children being tuberculin tested and vaccinated this year, and it is hoped this trend will continue. This important procedure not only affords protection to the child but is of immense value in eradicating tuberculosis from the community.

All 332 children found to be naturally positive were offered appointments for mass x-ray and the parents advised that an annual chest x-ray was desirable. Of these, 330 were x-rayed and one was found to have an abnormal condition, necessitating observation by the Chest Clinic.

All the positive cases were followed up by a visit from the Health Visitor in order to explain the matter more fully, allay any fears where necessary and undertake routine contact tracing. Full details of all the positive reactors are notified to the family doctors.

The Heaf grades of those children found to be tuberculin positive are given below:

Heaf Grade	1963	1964
1	145	237
2	76	57
3	72	30
4	40	8
	333	332

Students.

B.C.G. Vaccination was also offered to students attending the Marine and Technical College. This is in accordance with Ministry of Health Circular 7/59. Details are as follows:—

No. tuberculin tested	95
No. found positive	81
No. found negative	14
No. vaccinated	14

SCHOOL NURSES AND HEALTH VISITORS.

During 1964, an increasing amount of work in the school health service was done by school nurses rather than health visitors. Routine work such as hygiene inspections, eye-testing, Heaf-testing, attendance at periodic medical inspections and at the various Clinics comprised most of the nurses' duties.

Clinic assistants, who were first appointed in 1963, gave invaluable aid at clinics and allowed the nursing staff to spend more time on other duties.

Health visitors continued to do some home visiting in special cases, but during the year more of the routine visiting was done by school nurses.

A summary of the work of the school nurses is set out in the following table:—

1. Visits to Schools:	
(a) Routine medical inspections	611
(b) Vision Testing	176
(c) Cleanliness Survey	1,277
(d) Heaf Testing and B.C.G. Vaccination	94
2. Home Visits	216
3. Clinic Sessions:	
(a) Minor ailments	822
(b) Immunisation	102
(c) Artificial Sunlight	187
(d) Superannuation Medicals	36
(e) Others	22

NURSERY CLASSES

Extra equipment provided during the year included two safety swings and one rocking horse; learning through play is an important factor in nursery education. Two extra large rugs were also recent additions, these the children sit on for informal talks and for relaxation. The average attendance for 1964 was 81.7%. The worst period was between January and March when the attendance was 78.6%, no doubt due to the inclement weather and the increased incidence of infectious diseases.

The following defects were discovered during routine medical inspections:—

Defective Vision	4
Squint.....	2
Nose and Throat Defects	8
Posture and Foot Defects	15
Speech Defects	5
Epilepsy	1
Enuresis	7
Hearing Defects	3
Enlarged Glands.....	2
Heart Defects	2

There appears to be an unusually large number of defects but it should be pointed out that generally they were of a minor nature and actually, only 7 children were referred for treatment.

The demand for places is still greater than the present accommodation can offer and there were still 40 children unplaced when the classes were completed at the beginning of the year.

HANDICAPPED CHILDREN

The following gives the list of handicapped children as they were placed during 1964:—

1. Blind and Partially Sighted Children.

One blind girl attended the Royal Victoria School for the Blind, Newcastle upon Tyne. One partially sighted boy attended the Special School for such cases at Preston.

2. Deaf and Partially Hearing Children.

Twelve children attended the Northern Counties School for the Deaf, Newcastle upon Tyne. One was fully residential, one attended as a weekly boarder and the remainder were day pupils.

3. Physically Handicapped and Delicate Children.

(a) Spastics—7 Cases.

Four attended the Percy Hedley School, Newcastle upon Tyne, and three were awaiting residential schools.

(b) Spina Bifida.

Two children attended the Coney Hill Home, Hayes. One girl was awaiting home tuition.

(c) Other Conditions.

Asthma—One child attended Redworth Hall, County Durham.

Asthma and Eczema—One girl attended St. Patrick's Open Air School, Hayling Island.

Bronchiectasis—One boy attended Redworth Hall, County Durham.

Osteomalacia—One girl attended Cedar Special School, Gateshead.

Haemophilia—One child received home tuition.

Slipped epiphysis of the femur—One child received home tuition.

Nephritis—One child was awaiting home tuition.

Multiple congenital deformities—One child attended the Training Centre and one child received home tuition.

Hydrocephalus—One child was on the waiting list of a residential school.

Cleadon Park Special Day School.

There is accommodation for 150 children but following the trend throughout the country, there is now less demand for places for delicate and handicapped children. This has resulted in a higher proportion of severely handicapped pupils at the school.

At the end of the year, 110 children, 67 boys and 43 girls were attending. There were 25 new admissions (13 boys and 12 girls) during the year and 26 children left, of whom 12 returned to ordinary schools.

The children's physical disabilities are classified as follows:—

Delicate

Respiratory Disease—

Bronchitis, Asthma, Repeated U.R.T.I. ...	...	...	20
Bronchiectasis ... ... ...	...	...	3
Sequelae Respiratory Tuberculosis ...	...	...	3
		—	26

Congenital Malformations (excluding Congenital heart disease)—

Hydrocephalus	...	...	...	...	...	...	...	1
Congenital Dislocation of Hip	...	...	...	...	...	...	...	1
Talipes	...	...	...	...	...	...	...	1
Malformation of Hand	...	...	...	...	...	...	...	2

Heart Disease—

Congenital	...	...	...	...	...	...	...	7
Rheumatic	...	...	...	...	...	...	...	1
Paroxysmal Tachycardia	...	...	...	...	...	...	...	1

Epilepsy—

Partial Hearing	...	...	...	...	...	...	1
Sequelae of Poliomyelitis	...	...	...	...	...	...	2
Sequelae of Osteomyelitis	...	...	...	...	...	...	1
Fibrocystic Disease of Pancares	...	...	...	...	...	...	3
Educationally Sub-Normal (and delicate)	...	...	...	...	...	...	2
Maladjusted	...	...	...	...	...	...	2
Cerebral Palsy	...	...	...	...	...	...	3
Gargoylism	...	...	...	...	...	...	1 15
 Total	...	...	...	...	...	...	118

During the year, a class was formed consisting of 12 severely handicapped and retarded children. As a result of this extra supervision, there was a definitely noticeable improvement in the children's achievements, especially in reading.

The average attendance for the year was 83.35%, which, considering the large number of delicate children, may be regarded as satisfactory.

4. Educationally Sub-Normal.

The following children, classified as educationally sub-normal and regarded as unsuitable for normal education, were placed as shown during the year:—

At Special Day School for the Educationally Sub-Normal	.....	123
At an Open-Air School (being also delicate)	.....	2
At Residential Schools	.....	12
Attended Training Centre informally	.....	1
Awaiting a Residential School	.....	1
Under review at home	.....	2
		141

St. Stephen's Special Day E.S.N. School.

There are places for 120 children and during the year, there were 123 children on the registers, 62 boys and 61 girls. There were 19 new admissions and 17 were discharged. Of those leaving, one having shown improvement was returned to the normal school, one who was also delicate was transferred to the Open-Air School and

one boy who was regarded as unsuitable, was excluded indefinitely and is awaiting admission to the Training Centre. The other 14 had reached school-leaving age but three were referred for informal supervision. It is interesting to know that all those who left were able to obtain useful employment.

There is undoubtedly a keen interest in swimming in this school, a junior class of the 10 year age group attends a learner swimming class in a junior school and it is pleasing to report that in the senior class, 31 awards and certificates were gained. This record, considering the small numbers involved, compares favourably with any school in the town.

The average attendance for the year was 93%.

Ascertainment of Backward Children.

During 1964, 87 children were referred by head teachers or otherwise brought to the notice of the School Health Service as being educationally retarded. After examination by the approved School Medical Officers, their disposal was arranged as follows:—

	Boys	Girls	Total
1. Transfer to E.S.N. School (Day)!	15	12	27
2. Transfer to E.S.N. School (Residential)	2	1	3
3. Recommend Remedial Teaching	22	5	27
4. Decision deferred	10	4	14
5. Referred for further examination (Under 5 years)	6	2	8
6. To remain at Present School	5	2	7
7. Ineducable—unfit for any school	1	—	1
	61	26	87

All school entrants, other than the severely sub-normal, were admitted to ordinary school for a trial period. This ensures that every child has the opportunity of being educated to the maximum of his or her capability.

5. Maladjusted Children.

During the year eight children, who were regarded as unsuitable for normal school were placed as follows:—

One child attended East Hill House School, Colchester.

One child attended Bodenham Manor Residential School, Hereford.

One child attended Pit House School, Torquay.

One child attended Broadview House School, Hayling Island.

One child received home tuition.

Three children were awaiting admission to residential schools.

YOUTH EMPLOYMENT SERVICE AND THE PLACEMENT OF HANDICAPPED YOUNG PEOPLE

I am indebted to Mr. W. Franks, Manager of the Employment Exchange for the following information:—

Employment Situation.

Prospects for young persons, particularly school leavers, were maintained at a reasonable level during the early months of 1964 and between Easter and mid-summer, there was a further improvement in the situation.

There were more openings, particularly at apprenticeship level, for the more able boys and more boys previously under-employed, found the opportunity to move upwards in the employment scale. In this latter respect, there is still much headway to be made in achieving the long term aim of ensuring that educational attainments, ability and job level are more closely related but the upward trend noticed during the year was encouraging.

Demands for girls in industry, particularly clothing machinists, continued at a high rate and opportunities in consumer services and allied industries were well-maintained.

The general upswing in employment enabled handicapped children to secure their first job more easily and there was less displacement of those employed due to competition from more able youngsters. In addition, the incidence of long term employment was slightly higher for these children than in 1963.

The following statistics show the position of handicapped school leavers from normal and special schools:—

Handicapped Children Leaving Day Special Schools.

During the year, 14 children were eligible to leave St. Stephen's School for the educationally sub-normal and 13 children from the Cleadon Park Special School.

The following table shows the position of leavers from each school:—

	No. from St. Stephens' School		No. from Cleadon Park Special School		Total
	Boys	Girls	Boys	Girls	
Eligible to leave	8	6	6	7	27
Firly long term employment	7	4	3	4	18
Short term employment	1	1	1	1	4
Unemployed	—	1	1	—	2

In addition, one girl is awaiting allocation to a residential training school (Heatherset School for the Blind); one has not registered for employment and one boy left the area.

Handicapped children leaving Normal Schools and Special Residential Schools.

During 1964, thirteen handicapped children left normal schools. Of these, ten have been placed in regular employment and three are unemployed. One of the three unemployed has had two jobs since leaving school, and all four of the pupils leaving Residential Special Schools have been found suitable employment.

THE SCHOOL PSYCHOLOGICAL SERVICE

Mr. I. R. McKenzie, Educational Psychologist, reports as follows:

This service deals mainly with educational and behavioural problems in the schools and is under the direction of the educational psychologist. It is closely linked with the Child Guidance Clinic and close co-operation between the two services is ensured by the fact that the same psychologist operates within both services. Cases being attended by the School Psychological Service may be transferred to the Child Guidance Clinic for more extensive investigation and treatment and Child Guidance cases can be transferred to the School Psychological Service at the conclusion of Child Guidance treatment if support and further observation is desired.

The School Psychological Service is also concerned with the provision of remedial teaching.

During the year 1964, 168 children were seen by the School Psychological Service, excluding children being seen solely for remedial teaching. The figures are analysed by sex and age level in the following table:—

	Boys	Girls	Total
Infant	17	5	22
Primary	60	23	83
Secondary	35	22	57
Pre-School	2	2	4
Post School	1	1	2
	115	53	168

Forty children were subsequently referred to the Child Guidance Clinic and 12 children who were originally referred directly to the Child Guidance Clinic were subsequently transferred to the School Psychological Service for the conclusion of their treatment.

In September, 1964, a new Remedial Reading Centre was opened at the annexe of Temple Park Junior School in Gerald Street. This is well situated to serve schools in the Temple Park, Whiteleas and Biddick Hall area. With the opening of the above centre, the number of children receiving remedial teaching in South teaching in South Shields is now 238.

CHILD GUIDANCE CLINIC.

In January, 1964, the Child Guidance Clinic acquired the services of Dr. N. Stansfield, Dr. G. F. Fiddler having emigrated to Australia in 1963. The Child Guidance team for the year 1964 was thus Dr. R. N. Stansfield, Consultant Psychiatrist, Mr. I. R. McKenzie, Educational Psychologist and Health Visitors who attended the clinic on a rota basis.

Some of the cases being seen in 1963 were carried over and seen in 1964, the total number being 32.

New cases referred in 1964 totalled 68, there being 45 boys and 23 girls.

The new cases are analysed by sex and age level in the following table:—

	Boys	Girls	Total
Pre-School	1	1	2
Infant School	4	5	9
Primary School	22	7	29
Secondary School	16	8	24
Post Secondary	2	2	4
	45	23	68

The total number of children in 1964, including old and new cases was thus 100. These cases can be classified according to the main factor in the problem, although this process is somewhat artificial and in the analysis, it was necessary to place some cases in two categories.

CATEGORIES OF PROBLEM

Habit Disorders	Stammering, Tics, Enuresis, Encopresis	4 20
Behavioral Disorders	Anxiety State Aggressiveness, Stealing School Phobia Truancy	10 35 5 4
Organic Disorders	Hyperactive, Brain Damage	9
Subnormality		10
Inadequate Training		14
Over Anxious Parents		5

Only one child was considered to be psychotic and was seen by the Tiverlands Clinic at Newcastle.

CLINIC FOR MENTALLY SUB-NORMAL

A regular monthly clinic for the Mentally Sub-normal of all ages was held throughout the year by Dr. George McCoull, Medical Superintendent of Prudhoe and Monkton Hospital. Some fourteen children attending school were referred by school medical officers.

Over the years, all the mentally sub-normal in the Borough are followed-up in this way so that the hospital service has prior knowledge of all who might require institutional care, should the need arise.

DEATHS AMONG SCHOOL CHILDREN

Seven school children died during 1964 and of these, six were due to accidents or misadventure and were thus unavoidable. The following table gives details of these deaths:—

Causes of Death	Boys		Girls		Total
	5-9	10-14	5-9	10-14	
Carcinoma	—	1	—	—	1
Road Accident	1	1	1	—	3
Poisoning, Misadventure	—	1	—	1	2
Drowning	1	—	—	—	1
Total .....	. 2	3	1	1	7

The average annual deaths amongst school children and pre-school children since 1901 are shown in the following table:—

Quinquennium	Under 1	1/4 Years	5/14 Years	Average Annual Deaths
1901-5.....	539	302	101	942
1906-10.....	455	266	82	803
1911-15.....	440	268	94	802
1916-20.....	388	251	136	775
1921-25.....	318	202	92	612
1926-30.....	240	146	88	474
1931-35.....	186	100	72	358
1936-40.....	136	59	53	248
1941-45.....	127	38	36	200
1946-50.....	105	23	15	143
1951-55.....	68	12	8	88
1956-60.....	46	6	6	58
1961.....	52	7	3	62
1962.....	45	8	6	59
1963.....	33	8	5	46
1964.....	44	6	7	57

The majority of deaths in children occur in the first year and most of these are in children under four weeks of age. Further saving of child life in the school years is mainly concerned with accident prevention, which takes on an increasing significance year by year. It must be stressed that while road accidents continue to contribute a large proportion of all accidents, the incidence of accidents to school children in the home and on other occasions, is also extremely important. Accurate statistics are difficult to compile, particularly of non-road accidents but information received from hospital departments indicates that accidents in children of all ages represents a serious problem.

Road Accidents.

Statistics for road accidents in the town, taken from the report of the Chief Constable, are shown in the following table:—

Ages.	1963			1964		
	Fatal	Injured	Total	Fatal	Injured	Total
Under 5	1	23	24	—	38	38
5—8 years	1	31	32	1	28	29
8—12 years	1	27	28	1	25	26
12—16 years	—	30	30	—	43	43
Total	3	111	114	2	134	136

HEALTH EDUCATION

The schools were included in the health education programme for the whole community, and were provided with posters and health education material where appropriate.

At the request of individual head teachers, school medical officers and health visitors gave talks in a number of senior schools on various aspects of sex education. These talks were usually given to small groups of girls in their final year at school. It is hoped to develop a more comprehensive course of lectures and to increase the number of schools receiving this important aspect of health education.

During the first quarter of the year, a poster competition was held in junior and senior schools. The theme was accident prevention and the judges, a panel of head teachers, commented on the high standard of entries. Winning posters were displayed in the Municipal Clinic.

During the year, while public attention was focused on the typhoid outbreak in Aberdeen, a special campaign on the mode of transmission of food-borne disease was held in schools. Particular emphasis was placed on the importance of personal hygiene and hand-washing at meal times.

APPENDIX I

THE REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION FOR 1964.

It is pleasing to report that several new facilities for physical education were brought into use in 1964, the most important of these being the Sports Hall at the Mortimer Road C.S. School, the first Sports Hall to be provided in the town. The Hall has a clear playing area measuring 120 ft. by 60 ft. and provides facilities for the playing of badminton (four courts), basket ball, netball, tennis, cricket and five-a-side football. In addition, changing rooms for both sexes are provided, with shower baths and toilets. The Sports Hall is used by the pupils of the school during the day and by members of Youth Clubs in the evenings.

Another new facility to be opened and again the first to be provided in the town was the "all-weather" playing field at the Laygate Lane County Junior Mixed School, used for the playing of soccer, hockey and cricket. The porous nature of this pitch enables it to be used immediately after heavy rain and the wearing qualities of the special surface of crushed limestone allow unlimited play.

A second learner swimming pool was also opened towards the end of the year. Situated at the Biddick Hall County Junior Mixed School, the pool is used by three other schools in the area. This pool, the first of three similar pools to be provided, is a most attractive building both inside and out and contains a bath made of fibre glass, measuring 50ft by 20 ft.. with a uniform maximum depth of 3ft.

Facilities for games were improved by the provision of a new 9 acre group playing field at Brinkburn and the construction of a special soccer pitch at the Cleadon Park Recreation Ground. This pitch has been designed particularly for use by the representative teams taking part in competitions organised by the Schools Football Association. The playing area, a level stretch of lush green turf, is surrounded by a barrier rail and a tiered stand for spectators is provided along one side. For schoolboy football these facilities are undoubtedly among the best in the North of England.

The various Schools Sports Associations all carried out their usual programmes of activities and four Associations reported further progress. The annual tournament of the Schools Badminton Association attracted so many entries that it was necessary to extend the tournament to two evenings. The tournament, which started only four years ago, was originally played between four schools but since then it has increased each year until all secondary schools in the town now compete. The Schools Football Association continues to go from strength to strength. The record number of teams competing in 1963 was exceeded in 1964 when the highest ever total of 58 teams was registered in the seven divisions. The Schools Basket Ball Association also enjoyed increased support which resulted in a schools' league being formed in addition to the usual knock-out competition, and the increase in the number of schools playing hockey resulted in the inauguration of an inter-schools hockey tournament.

School swimming continued to make progress. There was a very large increase in the number of awards gained for proficiency in personal survival of the Amateur Swimming Association, which were first introduced in 1963, and the number of Education Authority certificates awarded was the highest ever.

Schoolboy boxing received great encouragement by the inauguration of an annual inter-schools competition. This event resulted from the gift of a championship belt belonging to the late Harry McDermott, of South Shields, for annual competition between schools, the belt to be awarded to the boy giving the best all-round performance. Boys from six schools took part in this first tournament which proved very successful.

SOUTH SHIELDS EDUCATION AUTHORITY.

SWIMMING CERTIFICATES 1964

EDUCATION AUTHORITY CERTIFICATES

Honours.....	32
1st Class.....	361
2nd Class	475
3rd Class	800
4th Class	562
$\frac{1}{4}$ Mile.....	374
$\frac{1}{2}$ Mile.....	374
	2,978

AMATEUR SWIMMING ASSOCIATION AWARDS.

Personal Survival—

Bronze	628
Silver	265
Gold	116

Schools Proficiency—

Medalist	10
Advanced.....	2
	1,021

APPENDIX II

SCHOOL MEALS SERVICE

During 1964, a total of 810,839 meals was supplied to school children. This figure showed an increase of 75,780 on the previous year. Of the meal supplied, 289,695 were free of charge. The number of children entitled to receive a free meal in December, 1964, was 1,430—7·65% of the school population. The average daily number of free and paid meals consumed was 4,210—22·51% of the school population.

Establishments.

The number of school meals establishments in operation at the end of December was as follows:—

- 3 Central Kitchens.
- 5 Kitchen/Dining Rooms.
- 34 Dining Rooms and Dining Centres.

A daily average of 2,705 container meals were despatched to the 34 dining rooms and dining centres in the town and 1,505 meals were served at Kitchen/Dining rooms.

Holiday Meals.

Free meals were provided during the school holiday periods. The meals were cooked and despatched from one central kitchen to six dining centres in different districts of the town. Of 1,430 children entitled to receive a meal free of charge, a daily average of 702 (49·09%) children attended the dining centres.

Milk in Schools.

Approximately 15,650 children were supplied with free milk during 1964, some 3,013,738 third-pint bottles were consumed, i.e. 125,572 gallons of milk at a total cost (milk only) of £32,893.

APPENDIX III

MINISTRY OF EDUCATION RETURNS

Year ended 31st December, 1964.

PART I

Medical Inspection of Pupils Attending Maintained and Secondary Schools (Including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils	Physical Condition of Pupils Inspected		
		Satisfactory		Unsatisfactory
		No.	% of Col. 2	No.
(1)	(2)	(3)	(4)	(5)
1960 and Later	42	42	100	—
1959	1,298	1,290	99·4	8
1958	637	635	99·7	7
1957	35	34	97·1	1
1956	14	14	100	—
1955	11	11	100	—
1954	22	22	100	—
1953	1,127	1,120	99·4	7
1952	550	541	98·4	3
1951	23	22	95·7	1
1950	925	922	99·7	3
1949 and earlier	709	707	99·7	2
TOTAL	5,393	5,361	99·4	32

Percentage of total found:

(a) Satisfactory 99·41%
 (b) Unsatisfactory 0·59%

TABLE A (2)—PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual pupils (4)
1960 and Later	2	7	8
1959	46	126	157
1958	26	72	91
1957	1	2	3
1956	2	3	5
1955	—	4	3
1954	1	1	2
1953	113	136	216
1952	59	52	95
1951	1	3	4
1950	96	83	161
1949 and Earlier	127	61	175
TOTAL	474	550	920

TABLE B—OTHER INSPECTIONS.

Number of Special Inspections	2,100
Number of Re-inspections	1,727
Total	3,827

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....	22,557
(b) Total number of individual pupils found to be infested	912
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE D—SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested?	YES.
(b) If so, how soon after entry is this done?	As soon as possible (in second half of term of entry).
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	—
3. How frequently is vision testing repeated throughout a child's school life?	Five times.
4. (a) Is colour vision testing undertaken?	YES.
(b) If so, at what age?	At intermediate and school leaving inspections.
(c) Are both boys and girls tested?	YES.
5. By whom is vision and colour testing carried out?	Vision—by school nurses. Colour—by school medical officers.
6. (a) Is audiometric testing of entrants carried out?	YES.
(b) If so, how soon after entry is this done?	Between five and six years.
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	—
8. By whom is audiometric testing carried out?	By audiometrist and school medical officers.

TABLE A—PERIODIC INSPECTIONS.

Defect or Disease		PERIODIC INSPECTIONS					
Defect Code No.	(1)	Entrants	Leavers	Others	Total	Requiring treatment (9)	Requiring observation (10)
	(2)	Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)	Requiring treatment (7)	Requiring observation (8)
4	Skin	49	123	37	62	31	69
5	Eyes—	(a) Vision	73	220	198	178	254
	(b) Squint	21	66	223	15	463	596
	(c) Other	6	13	9	34	45	125
6	Ears—	(a) Hearing	16	87	6	7	98
	(b) Otitis	10	35	8	17	20	136
7	Media	10	35	4	16	5	19
8	Other	2	11	18	9	4	65
9	Nose and Throat	38	238	6	50	11	24
10	Speech	17	90	2	10	15	31
11	Lymphatic Glands	2	92	1	20	1	390
12	Heart	3	53	11	52	3	34
	Lungs	6	98	3	38	7	131
	Developmental—						
	(a) Hernia	3	13	—	2	1	4
	(b) Other	3	67	—	25	4	7
13	Orthopaedic—						
	(a) Posture	—	10	1	41	25	76
	(b) Feet	11	149	6	92	19	36
	(c) Other	2	48	11	118	8	51
14	Nervous System—						
	(a) Epilepsy	2	9	—	3	6	3
	(b) Other	—	16	1	11	2	8
15	Psychological—						
	(a) Development	—	19	—	—	1	15
	(b) Stability	—	12	—	—	4	34
16	Abdomen	—	24	—	—	1	27
17	Other	9	156	18	11	10	26
						1	55
						11	21
						18	57
						68	38
							281

PART II

DEFECTS FOUND AT MEDICAL INSPECTION

TABLE B—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	936	1
5	Eyes—(a) Vision	124	—
	(b) Squint	9	2
	(c) Other	69	33
6	Ears—(a) Hearing	17	15
	(b) Otitis Media	6	—
	(c) Other	87	11
7	Nose and Throat.....	48	8
8	Speech.....	5	1
9	Lymphatic Glands	5	3
10	Heart.....	12	3
11	Lungs	37	2
12	Developmental— (a) Hernia	1	—
	(b) Other	3	2
13	Orthopaedic— (a) Posture	—	—
	(b) Feet	9	6
	(c) Other	12	3
14	Nervous System— (a) Epilepsy	3	2
	(b) Other	7	2
15	Psychological— (a) Development	1	—
	(b) Stability	9	6
16	Abdomen	3	—
17	Other.....	354	68

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of Cases Known to have been dealt with
External and other, excluding errors of refraction and squint.....	60
Errors of refraction (including squint)	216
Total	276
No. of Pupils for whom spectacles were prescribed	1,473

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of Cases known to have been dealt with
Received operative treatment—	
(a) for disease of the ear	5
(b) for adenoids and chronic tonsilitis	261
(c) for other nose and throat conditions.....	41
Received other forms of treatment	36
Total	343
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1964.....	11
(b) in previous years	3

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of Cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	67
(b) Pupils treated at school for postural defects	—
Total	67

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I).

	No. of Cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	3
Scabies	91
Impetigo	58
Other Skin Diseases	753
Total	905

TABLE E—CHILD GUIDANCE CLINIC

	No. of Cases known to have been treated
Pupils treated at Child Guidance Clinics	93

TABLE F—SPEECH THERAPY

	No. of Cases known to have been treated
Pupils treated by speech therapists	84

TABLE G—OTHER TREATMENT GIVEN

	No. of Cases known to have been dealt with
(a) Pupils with minor ailments	53
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination	2,132
(d) Other than (a), (b), and (c) above. Appendicitis 6; Asthma 10; Bronchitis 11; Cough 28; Debility 54; Epilepsy 5; Enuresis 1; Hepatitis 2; Injuries 166; Meningitis 4; Observation 22; Rheumatism 3	312
Total	2,497

PART IV

Dental Inspection and Treatment Carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:—		
(a) At Periodic Inspections	13,505	
(b) At Special Inspections	1,040	Total (1) 14,545
(2) Number found to require treatment		8,512
(3) Number offered treatment		6,650
(4) Number actually treated		3,481
(5) Number of attendances made by pupils for treatment excluding those recorded at 11(h)		8,238
(6) Half days devoted to:—		
(a) Periodic (School) Inspection	141	
(b) Treatment	1,366	Total (6) 1,507
(7) Fillings:—		
(a) Permanent Teeth	4,479	
(b) Temporary Teeth	432	Total (7) 4,901
(8) Number of Teeth filled:—		
(a) Permanent Teeth	4,218	
(b) Temporary Teeth	435	Total (8) 4,653
(9) Extractions:—		
(a) Permanent Teeth	728	
(b) Temporary Teeth	2,726	Total (9) 3,454
(10) Administration of general anaesthetics for extraction		1,540
(11) Orthodontics:		
(a) Cases commenced during the year		80
(b) Cases brought forward from previous year		25
(c) Cases completed during the year		43
(d) Cases discontinued during the year		13
(e) Pupils treated with appliances		97
(f) Removable appliances fitted		92
(g) Fixed appliances fitted		—
(h) Total attendances		508
(12) Number of pupils supplied with artificial teeth		39
(13) Other operations:—		
(a) Crowns	9	
(b) Inlays	10	
(c) Other treatment	1,647	Total (13) 1,666

APPENDIX IV

ANNUAL REPORT FOR BOLDON LANE HEALTH CENTRE.

DR. L. M. ROZNER.

Throughout the year, the staff at Boldon Lane Health Centre remained constant, except for the loss of Miss Blenkinsop (Health Visitor) who resigned in June to take up the post of Deputy Matron at the South Shields General Hospital. It was found impossible to fill the vacancy thus created, so for the latter half of the year the area served by this clinic has been worked by three instead of four health visitors. One of the three health visitors was taking part, at that time, in the pilot scheme which allocated a fully trained health visitor to selected general practices in the Borough (because of the acute shortage of health visitors, the scheme had later to be abandoned) so that the amount of time she was able to devote to her district was reduced by two sessions per week. In addition, another of our health visitors had a protracted absence during the latter part of the year. Consequently, during a considerable part of the year the health visiting in the area was done in quite strained circumstances, and the health visitors themselves felt that they were unable to do the work to their complete satisfaction.

The Geriatric Day Centre which began in February (for details see Annual Report of the Medical Officer of Health) necessitated some reorganisation of other aspects of work at the clinic, while the extra furniture and equipment needed for the old people presented some storage problems. These difficulties were overcome and the Day Centre is operating successfully.

Ante-natal clinics continued to be held here on two afternoons each week with midwives and a medical officer attending each session. Owing to the shortage of health visitors already mentioned, it was found necessary to withdraw the services of the health visitor who used to attend half the ante-natal sessions and this has resulted in a reduction in the health education work done at these clinics. Almost all the ante-natal patients now book their own doctor for confinement and attend him at intervals throughout the pregnancy, so the clinic medical officer normally only sees the new bookings (to take blood specimens, arrange chest X-ray and dental treatment, etc.) and any patients whom the midwife wishes to be seen thereafter. The new arrangements made with the Consultant Radiologist for routine ante-natal chest X-ray to be carried out at the Ingham Infirmary at a time convenient to the mothers have met with a gratifying success. The ante-natal relaxation classes continued to be very popular with the mothers, especially those expecting their first baby.

The Infant Welfare Clinics, held each Tuesday and Friday afternoon, were well attended. During 1964 some 5,860 total attendances of babies and toddlers was achieved, including 395 "first" visits, 287 of whom were 1964 births. This averages 50.7 attendances at each Tuesday session and 64.4 at each Friday session. During the year, 136 routine "one year old" and 215 "pre-school" medical examinations were made. Owing to pressure of work at the Infant Welfare Clinic sessions proper, these were mainly done at separate sessions. The health visitors also made routine hearing tests on 131 young children, mainly under one year of age, actually on the clinic premises. As quietness is essential, there was limited time when these could be done at the clinic, so some of the tests were done in the individual homes and the outlying clinics, where this proved more convenient. This service seems to have been appreciated by the majority of the mothers. Cases of suspected deafness are referred for specialist

opinion so that treatment can be instituted early enough for speech to develop normally. No case of gross deafness was detected in this group of babies during the year, though it was necessary to re-test a proportion of them, either because they were suffering from catarrhal infection or were unco-operative at the first test.

Attempts were made to encourage pre-school dental inspection and mothers seemed to welcome this. There were very few referrals for actual toothache, which may indicate an increase of dental awareness; the general population seems now to demand earlier dental attention than was formerly the case.

The clinic continued to provide a number of facilities under the School Health Service. Routine medical inspections were carried out on 1,166 children. 135 were referred for further opinion and/or treatment, mainly to various hospital departments. Our own Minor Ailments Clinic was attended by 531 new cases, 367 of whom were treated here and 48 otherwise. Total attendances for minor ailments amounted to 3,044 during the year. Special immunisation sessions were held during the school holidays in an attempt to avoid interrupting school work. These were well attended and will therefore be continued.

The Child Guidance and Speech Therapy clinics continued to be held at the Boldon Lane Clinic as before and these are reported on pages 17 and 40 of the main report.

